

## State of Wisconsin Higher Educational Aids Board

Tony Evers Governor

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## **EMPLOYMENT VERIFICATION FORM**

Section A: To be completed by A	Applicant	
Name:		
Name of Employer:		
Address:		
City:	State:	Zip:
Job Title:		
I authorize the above-named emptorm:	oloyer to provide the information req	uested in Section B of this
Signature	 Date	
of an applicant's employment. Please c	im requires information about the applicant' omplete this section of the form and return  Name of Organization:	it to the employee.
Office Location (city) of Employe		
, , , ,	_ Applicant's Current Annual Salary:	
Is the applicant employed full-tin YESNO	ne?	
Name of person certifying emplo	pyment (PLEASE PRINT) Title	
I certify that information contain	ed in this form is true and complete	to the best of my knowledg
Signature	 Date	

\*Pursuant to program guidelines, qualifying employment includes working as a full-time (at least 30 hours) prosecutor in criminal or juvenile delinquency cases for a state, local or tribal government; or working full-time providing legal representation to indigent persons in criminal or juvenile delinquency cases for a stat, local or tribal government, or a non-profit organization operating under a contract with a state or local government, or a full-time federal defender in a defender organization under Subsection (g) of section 3006A of Title 18, U.S. Code, and including full-time employees who supervise, educate or train other persons prosecuting or providing representation as described.